


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 23, 2005 8:00 am
Secretary of State

07-08-2005 90019 032 ***150.00

DOCUMENT # P01000010383 1. Entity Name SAFEHARBOR SOFTWARE OF TREASURE ISLAND, INC.	
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Principal Place of Business 12400 CAPRI CIRCLE, NORTH TREASURE ISLAND, FL 33706	Mailing Address 12400 CAPRI CIRCLE, NORTH TREASURE ISLAND, FL 33706
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DO NOT WRITE IN THIS SPACE

06302005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3701427	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**NICKERSON, LARRY W
12400 CAPRI CIRCLE, NORTH
TREASURE ISLAND, FL 33706**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	NICKERSON, LARRY W
STREET ADDRESS	12400 CAPRI CIRCLE, NORTH
CITY - ST - ZIP	TREASURE ISLAND, FL 33706
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Larry W Nickerson* 6/30/05 727-360-0005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



ATTACHMENT

66026251

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

July 12, 2005

SAFEHARBOR SOFTWARE OF TREASURE ISLAND, INC.
12400 CAPRI CIRCLE, NORTH
TREASURE ISLAND, FL 33706

Subject: **SAFEHARBOR SOFTWARE OF TREASURE ISLAND, INC.**

Reference Number: **P01000010383**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the profit annual report/uniform business report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of ~~\$400.00~~.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/LS
ANNUAL REPORTS SECTION

DID NOT RECEIVED THE ORIGINAL
LETTER. WHY DO I HAVE TO
PAY THE EXTRA. THE LETTER YOU
SENT ORIGINALLY DID NOT GET HERE
WHY???